



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 047 ****61.25

DOCUMENT # N96000003717 1. Entity Name PARK POINTE PHASE II CONDOMINIUM "E" ASSOCIATION, INC.					
Principal Place of Business 3297 JOG PARK DR. GREENACRES FL 33467 US			Mailing Address P.O BOX 540962 GREENACRES FL 33467 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0731151	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HERMAN, EVELYN 3297 JOG PARK DR. GREENACRES FL 33467			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Evelyn Herman</i> EVELYN HERMAN President 2/1/07 <small>Signature, typed or printed name of registered agent and title if applicable (Not Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ADLOPHSON, LORRICE 3305 JOG PARK DRIVE GREENACRES FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SELNICK, MURRAY 3295 JOG PARK DR. GREENACRES FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VIRGINIA SCHIRO 3317 JOG PARK DRIVE GREENACRES, FL 33467 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PASSIN, RAQUEL 3236 JOG PARK DRIVE GREENACRES FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HERMAN, EVELYN 3297 JOG PARK DR. GREENACRES FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DIAMBRISIO, JANE 3226 JOG PARK DRIVE LAKE WORTH FL 33467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Evelyn Herman</i> EVELYN HERMAN President 2/1/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					